

<b>Case Number:</b>	CM14-0090846		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/30/2003
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50 year old female with an injury date on 04/30/2003. Based on the 04/30/2014 progress report provided by [REDACTED], the patient complains of right wrist pain and aching pain in the lumbar spine. Patient describes right wrist pain being stiff, numb, tingling sensation in the fingers and a pain level of 7/10 and a constant pain of 3/10. Patient claims a pain level of 7/10 for her lower extremities and pain radiating from lumbar spine down to the left foot. SLR test is positive bilaterally with pain and spasm bilaterally, radiating pain to the left foot and no radiating pain on the right. The progress reports do not discuss any other positive exam finding. The diagnoses include the following: 1. Right de Quervain's stenosing synovitis 2. Tears of the interosseous ligament of the proximal carpal row, right wrist 3. Status post right wrist operative arthroscopy by [REDACTED], Feb.20.20074. Right carpal tunnel syndrome 5. Status post right carpal tunnel release and right first dorsal compartment release, Sept. 16, 2006, By [REDACTED] 6. Musculoligamentous sprain, lumbar spine 7. Disc protrusion, L4-L5 and L5-S1 8. Status post lumbar laminectomy at L4-5, Jan. 5, 1996 9. Status post lumbar fusion at L4-5, Sept. 1997 10. Status post exploration of fusion mass at L5-S1 and fusion at L4-5 and L5-S1, Sept. 2007 11. Chronic bilateral L4-5 on the left 12. Chronic pain Syndrome. [REDACTED] is requesting for Vicodin 3/500 mg #60. The utilization review determination being challenged is dated 05/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/01/2013 to 04/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Vicodin 3/500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 88, 89.

**Decision rationale:** According to the 04/30/2014 report by [REDACTED], this patient presents with right wrist pain and aching pain in the lumbar spine. The treater is requesting for Vicodin 3/500 mg #60. MTUS Guideline pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, however, requires "significant" improvements with ADL's as one of the definitions of functional improvements. Review of the reports show no discussion of return to work, or other significant improvements in ADL's, duration change in pain levels with medications, aberrant behavior and no outcome measures are discussed. Recommendation is for Denial.